TRANSPORTATION REQUEST 2026-2027 SCHOOL YEAR

RIVERSIDE SCHOOL DISTRICT

SCHOOL: _____

SCHOOL ADDRESS:

_____

Name of Student: _____

(PLEASE PRINT CLEARLY)

Address of Student: _____

_____

Grade student will enter in 2026: _____

Location of Bus Stop Requested: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Name: _____

(PLEASE PRINT CLEARLY)

Parent/Guardian Email: _____

Parent/Guardian Signature: _____

*******PLEASE NOTE*******

1. Students currently being transported by the Riverside School District MUST RE-APPLY for the 2026-2027 school year
2. A separate form must be completed for EACH student requesting transportation.
3. All applicants MUST reside within the boundaries of the Riverside School District.

Please return forms to:
Mr. Scott Pentasuglio
Director of Compliance
601 South Main Street
Taylor, PA18517
EMAIL: spent@riversidesd.com

Please "X" the appropriate line:	
Requesting only AM drop off	_____
Requesting only PM pick up	_____
Requesting AM and PM Transportation	_____